

Welcome to Camano Cottage!

Camano Cottage Program Manual

Camano Cottage is one of the three cottages that make up the inpatient psychiatric unit at Child Study and Treatment Center (CSTC). Camano Cottage (Building 52) admits preadolescent boys and girls from 5 ½ through 11 years of age (with some variation). This program provides intensive inpatient care and educational services to children with severe psychiatric illness. The length of stay in the program is individual and is contingent on the severity of the psychiatric disorder.

Who's Who on Camano:

Primary Counselor: Two Psychiatric Child Care Counselors (PCCC1) will be assigned to your child and one will be designated as his/her primary counselor. The primary counselor will summarize your child's progress at treatment planning meetings, update the safety plan, and also inform the team of any special needs that may have arisen. Because the primary counselor will be spending a lot of time with your child, s/he will get to know your child very well. The primary counselor will also communicate with you weekly about how your child is doing. The primary counselor is very interested in helping your child learn to successfully manage his/her feelings, make safe choices, and get along with others. PCCC's for A Pod Belinda & Mary L.; B pod Amelia & Steve S. ; C Pod Cecilia & Midori; and D Pod is Dominic & Kristi. Steve G.,

and Shannon are also PCCC1's on days. Our night shift PCCC1 is Nona.

Shift Charge: Clinton (day), Sarah M. (swing), and Dave (nights) are Shift Supervisors (PCCC2 or "the 2"). They ensure coverage on each shift and oversee the details for the smooth running of the cottage, everything from making certain enough staff are present each shift to outfitting children for Halloween to providing crisis counseling and staff training. They also pinch hit for your child's primary counselor.

Secretary: Barbara Harris takes care of admission forms, charts, assists with staffing, and other important paper work. She also answers the phone and notifies you about treatment team meetings.

Cottage Supervisor: The Cottage Supervisor (PCCC3 or "the 3") is responsible for seeing that the counselors have the support and resources they need to provide the best possible care for your child. If you have a question or concern about your child's care, feel free to contact the PCCC3.

Nurses: There is at least one nurse on each shift. Our day/swing nursing staff includes Cathy, Marlin, Michelle, Dawn, and Stephanie. On nights we have Beth, Kim and Mary M. The nurses take care of physical problems. They are also in charge of dispensing prescribed medication and educating the children about their medications. Nurses may

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provide individual or group counseling to your child. They track the children's progress and help maintain the quality of psychiatric care.

Recreational Therapist: Kim Stutts is our Camano Recreation Therapist. He, along with other members of the recreational therapy team, provides opportunities for the children to exercise, to relate enjoyably with others (especially peers) and develop prosocial skills. If you have any questions about fun things to do with your child on the cottage, in the community, or at home please ask Kim.

Program Director: Jeremy Norris, PsyD (Dr. Jeremy) is a clinical psychologist. He oversees the cottage treatment program by working with the treatment team, families, and community team members to meet your child's behavioral and programming needs. Dr. Jeremy also provides individual, family, and group psychotherapy. Contact Dr. Jeremy if you have questions about your child's treatment program.

Attending Psychiatrist: Lee Carlisle, MD ("Dr Lee") is in charge of your child's medical care, including psychiatric care. Upon admission she will meet with you and your child to discuss symptoms and concerns. She also will give your child a physical exam and arrange for medical treatment if needed. Dr. Lee will meet with your child regularly to discuss his/her progress and medications. She also communicates regularly with parents and guardians regarding these issues. Dr. Lee also supervises the Psychiatric Residents from the UW.

Psychiatric Social Worker: Sharon Kelley, MSW is an experienced clinician who provides our social work services at

Camano. She coordinates your child's admission, takes a detailed history, plays a key role in discharge and treatment planning, and advocates for your child's needs. She has regular contact with community members, helping to plan for the necessary supports for discharge. Sharon also provides individual, group, and family therapy services.

Psychology Fellow, Intern and Practicum Students: As a member of the clinical team, the Psychology Fellow provides psychological services. The Psychology Fellow has received extensive training and works under the supervision of Dr. Jeremy and the Medical Director, while s/he is preparing to qualify for licensure as a clinical psychologist. The Fellow is appointed annually and also devotes part of his/her time to clinical research. Camano will sometimes have a psychology intern or graduate practicum student(s) on site as well.

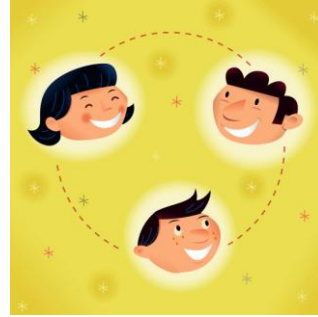
Trainees and Volunteers: Since CSTC is a training site for counselors and doctors, you will see and talk to other people involved with your child's care. These include residents in psychiatry and psychology, interns in recreation therapy and psychology, college students in education, psychology, and related fields, and community volunteers. All trainees and volunteers are supervised by licensed or certified staff members.



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The Treatment Process

- Upon admission your child will receive a thorough assessment, which includes physical examination, psychiatric, social work, nursing, and behavioral/developmental assessments. The parents or guardian(s) and, when appropriate, other people familiar with the child are interviewed. On the basis of these assessments and historical information provided prior to intake, a comprehensive treatment plan, including long-and short-term treatment goals and, in some cases, individual behavioral programming are prepared.
- The treatment plan is subsequently reviewed at 14, 30, and 60 days following admission and every 60 days thereafter. As a parent, guardian, community member, and/or kin of your child's team you will receive advanced notification of the treatment planning meetings and your participation is expected. Please let us know if you can attend in person or via conference phone. The clinical staff and child counselors will meet with you and your child to review his/her progress, treatment, medications, and diagnostic issues. Your child's goals will be examined for appropriateness and may be revised. The Treatment Plan Review (TPR) is also an opportunity to discuss discharge planning and legal issues which may be important to your child's treatment program or discharge plan.



- A primary goal for each child is to bring his/her behavior under control and to acquire the necessary skills so that s/he may rejoin the community. A therapeutic and meaningful relationship between a child and the psychiatric childcare counselor provides an important foundation for this change. Within the context of this and other relationships, the child develops an understanding of his/her perceptions, feelings, and actions. S/he experiences the consequences of his/her behaviors and eventually learns to make choices that support a more healthy and enjoyable self.
- Your child's ability to generalize his/her gains outside the treatment environment is another primary goal. We rely on the family and/or community team to provide opportunities for your child to have outings and overnight passes whenever possible. Your child can practice what he has learned, strengthen his relationship with you, and experience success.
- Cottage structure is designed to assist children in developing good habits of daily living and relating to people within the context of Positive Behavior Support (PBS). PBS focuses on 4 domains, Safety, Commitment, Respect and Responsibility. Cottage rules and routines are an important part of helping patients to carry out basic functions of self-care and living safely and enjoyably within a

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community. In addition, each patient has at least three short-term behavioral goals--taken from their treatment plan--which they actively work on. Patients review their behavioral goals with their counselors on a daily basis. They are asked to review their progress and to focus on one particular goal for the day. In this way, patients are encouraged to regularly examine and apply the skills involved in achieving their goals. The children are also encouraged to share their progress, their goals, and their ideas at daily community meetings. These meetings help the children to reduce the isolation they may feel and to receive emotional support from their peers.

- Children are also taught how to structure their time by contracting to do certain activities for blocks of time (up to 30 minutes). These activities may include playing a game with a peer or completing schoolwork with adult assistance. The children concentrate on developing various skills, such as personal safety, social, and coping skills, through participation in psychoeducational groups. Recreational therapy sessions expose children to different activities, encourage positive interactions, and teamwork, and enhance self-esteem.



- As behavioral difficulties arise, psychiatric childcare counselors

create learning opportunities from these critical situations. The events contributing to a behavioral incident, including experiences, feelings, and perceptions outside the immediate context, which may be contributing to the current situation, are examined and discussed with the child.

Keeping in mind that it is important for children to acknowledge and accept responsibility; children are accountable to their peers, adults, and the community for their actions. Consequences for negative behaviors may involve restriction of privileges, written and/or verbal apologies, deduction from allowance, and/or community service. We direct the children to use time-out from positive reinforcement either as a strategy to help them calm down or as an outcome for negative behavior. Children are recognized daily by counselors and others for their positive behaviors and progress. Through their positive behaviors the children may earn privileges, for example, the opportunity to purchase special items or special time with a staff person, and, of course, there is always plenty of verbal praise.

- Sometimes your child may not be responsive to our efforts to guide his/her behavior or to calm him/her. In these instances, should your child's behavior pose a threat to him-/herself or to others it may be necessary to implement a more restrictive intervention. Our staff is trained to verbally deescalate and to safely contain children so that they will not hurt themselves or others (this can include a personal or staff directed time out). If your child does not respond to these measures, s/he may be placed in seclusion (quiet room) where they will be closely

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monitored. A licensed nurse immediately notifies the physician to obtain authorization for this intervention. Your child will remain in seclusion until s/he is able to talk about his/her behavior and demonstrate that s/he is calm. Following a seclusion placement the nurse will examine your child and the primary staff will debrief the incident with the child and other involved staff.

- Regular communication with parents or guardians and community team members (e.g., social worker, community mental health worker, Guardian ad litem, and RSN representative) is an essential component of successful treatment and discharge planning. The children's success or failure depends to a great extent on the relationships and supports available to them from their families and communities while in hospital. Input and participation from the families and communities are strongly encouraged. Primary counselors regularly communicate with their patients' parents, guardians, and appropriate community team members regarding behavioral progress, achievements, and special incidents. Other professional staff, nursing, social work, education, psychiatry, and psychology, also communicate with families and community members regarding various aspects of the patients' care and discharge planning. Each family is assigned a therapist.
- During the course of their hospital stay patients have the opportunity to visit with their families off hospital grounds when they are safe. Either a physician or psychologist must

authorize these visits. A day or extended (overnight) pass or therapeutic leave allow patients and families to gradually and safely reintegrate their child into their home and community. Problems and challenges that may arise are discussed when the child is returned to the hospital. Parents and/or patients may also contact hospital staff at any time during the pass with questions or for assistance.

- Patients are typically considered ready for discharge when they have learned to form meaningful relationships, are behaving in healthy and safe ways, and have acquired the basic skills to be successful with their families and within their communities. For a successful discharge to occur, this depends not only on the child achieving his/her behavioral goals, but it also depends on the ability of the entire treatment team, including the family and community members, to work together in the best interests of their child.

The Level System

Patients are assigned levels based on behaviors each shift, in order to provide residents immediate feedback.

Level 2: "Positive Role Model" – This means the child has worked on and met all their goals. This is the highest level with the most privileges. Bedtime is 9:00

Level 1: "Cooperation Level" - Mid level, some progress; 8:30 Bedtime

Level R: "Build Trust" Level - Results from unsafe behavior. Fewest privileges; 8:00 bedtime.

For those who need extra work on personal safety and boundaries, there is an additional Personal Safety Program (boundaries). Kids are given a color

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safety level each shift that correspond to the colors of a stoplight.

Green: No special restrictions and no safety or boundary violations. No written safety check-in required, may do a verbal check-in.

Yellow: Line of sight - Minor boundary or safety violations. May not leave campus or play with others without direct supervision. Must complete safety check-ins to move up to Green status.

Red: Restricted - Major boundary or safety violations. Kids are restricted to the cottage and may not play with others. Must complete safety check-ins to move up to Yellow status.

Parent Advocate

CSTC has a full time Parent Advocate on staff. This person's role is to support CSTC parents/guardians from admission to discharge. The Parent Advocate also can help with locating resources, support and advocacy within your community. Please call our 800 number to contact this person.

Recreation Therapy Program

The Recreation Therapy Program is designed to help the children improve their self-esteem and to promote their independent leisure functioning. This is accomplished through the teaching of leisure skills, improving physical fitness, and improving social functioning. Activities specifically provided by the recreation therapists are designed to meet these objectives. The Recreation Therapists also assist to organize annual campus wide activities, such as the

summer carnival. If you have any questions regarding the program please contact Byron Tani, Recreation Therapy Supervisor, at (253)756-2694.

Chemical Dependency/Substance Use Education & Treatment Program

The Chemical Dependency (CD) program is designed to help children and their families (significant others) to work on issues related to Alcohol or Other Drug (AOD) use. This is accomplished through education about various AOD, the impact of AOD use on the body, brain and behavior, problems that may arise from AOD use or living with someone that has AOD use disorder. Improving social skills (interpersonal communication skills, coping skills) and self-esteem are major parts of helping children feel good about themselves and their lives. This helps children to be protected from potential problems with AOD. Discussing risk factors and prevention of AOD use disorders are key components of the program. The CD program at CSTC is run by Kathrin Christensen and Amanda Besel, Chemical Dependency Professionals with experience in the treatment and recovery field as well as skills in working with severely emotionally/behaviorally disturbed children. If you have any questions about the CD program please contact Kathrin or Amanda at (253) 879-7993.

Other Things You Need to Know

What to Bring for Your Child

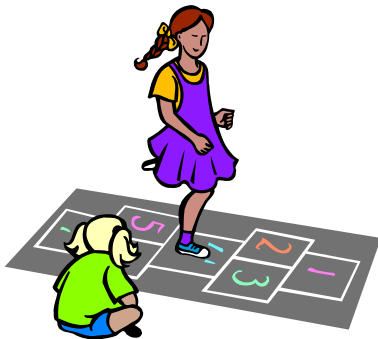
- It is advisable to have your child bring casual, comfortable clothing that is

machine washable and durable. The children typically have opportunities to play outdoors and from time to time to

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go on outings to area parks, beach museums, etc. Therefore, athletic and other comfortable, durable styles are recommended. A week's supply of clothing and underwear, no more than two pairs of shoes, a jacket or coat appropriate for the season, a one piece swimsuit for girls or swim trunks for boys, and pajamas are sufficient. You may label your child's clothing or we will do it prior to washing/drying it on the cottage.

- Have your child select some favorite items with which to decorate his/her room, a stuffed toy to sleep with, a favorite pillow or comforter, family photographs, or posters. Radios or small boom boxes are permissible. Since the bedrooms are small and have little storage area, we recommend that you and your child limit the number of items you bring. We also request that you not bring anything of monetary or sentimental value that would be difficult to replace. This means *no single* possessions with a value of over \$50.00. Therefore, expensive toys, clothing, and other items are *not* allowed. Although we monitor the children and their rooms closely, we cannot guarantee the safety of valuables from theft, loss, or destruction.



- Your child is welcome to bring his/her skates, bicycles, or rollerblades. Skateboards are discouraged. We require that children wear a helmet when riding a bicycle and helmet and pads when using skates or rollerblades. Bicycles are stored outside

the back entrance to Camano. We strongly recommend that you prominently label the bicycle with your child's name and provide a lock.

Although we take precautions to prevent theft or destruction by chaining all bicycles to a rack, we cannot guarantee safety from loss. Other equipment is stored indoors on the cottage and should also be labeled.

- Your child will have his own room and a small area to store personal belongings. The PCCC1 or PCCC2 will take an inventory of all items. Any items that are not permitted will be returned to your home or stored safely until discharge.

Allowances

You may open an account for your child. Some caregivers choose to provide the child with a small monthly allowance. The recommended amount is \$5.00 per month. The money is kept in a secure place and dispensed by staff as needed. The children usually spend their money on refreshments or small items on outings. The cottage will provide a small amount (usually \$2.00 per month) for a child's personal use. For special activities we have a budget for admission, tickets, and other recreation activities.

Haircuts

If you would like us to take your child to a salon for a haircut please let us know. We will need your written authorization to do so. You may sign this form at admission or when otherwise appropriate. With parent permission haircuts may be arranged on cottage.

Communicating, Visiting, and Passes with Your Child

If you are the child's parent *and* legal guardian or caseworker you are welcome to contact your child via telephone, letter, or in person anytime. Of course the best times to

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call your child are when s/he is available, which would be after 3:15 PM on school days, after 8 AM on weekends, and when they are not involved with a treatment activity. Depending on your child's behavior any given day, bedtime is from 8-9 PM. You may contact your child by calling him/her at (800)283-8639 and pressing 1 for Camano.

If you need to contact your child at a time when they may not be easily available please let us know in advance by calling the nurse's station at (253)756-2679 or (800)283-8639 and notifying the Camano nurse or shift charge.

Your child may make one phone call of 10 minutes length each shift. While there is no limit for the number of incoming calls that your child may receive, we kindly request that you limit calls to your child to once per shift and maintain your calls to a reasonable time limit (preferably 10 minutes). We recognize that there will be necessary exceptions to these guidelines and in such cases we will be supportive. We hope you understand that our intention is to make the lines readily available, particularly during times of frequent usage.

You may choose to visit your child on the cottage or hospital grounds in lieu of going off grounds. This may be due to a time and/or safety factor. Please let us know when you will be visiting. If you plan to arrive during school hours, notify us one day in advance so that we may check with your child's teacher regarding their schedule and availability. If you are ill with a contagious infection and have scheduled a visit with your child please consult the nurse prior to coming. We ask that you not bring any children to the hospital that may have a cold, flu, or other contagious illness.

Passes may be for a few hours or a few days depending on your child's and your needs, your child's level of safety, the appropriateness, and the agreed treatment plan. We encourage legal guardians (which includes parents), case workers, and other

identified friends or family to spend time with their child either on the cottage, in the community, or in their home. Overnight passes are typically authorized for one day and one night. Prior to you and your child going on pass we will ask you when you plan on returning and for the two of you to identify a goal to work on (e.g., following directions, making safe choices). Later you will be requested to rate your child's behavior on their goal during the pass, which may influence the child's level. We ask you to please return your child to CSTC prior to their designated bedtime.

As your child approaches his/her discharge date, we may discuss authorizing longer passes in order to support the transition to their home and community. Also, if you and your child live a substantial distance from CSTC a longer pass may be warranted. Whatever plans you would like to make with your child we request that you notify us by Wednesday for weekend passes or 3 days in advance by calling the nurses station at 253-756-2679. This allows us time to order the necessary medication for your child's absence from the hospital and to obtain the doctor's order.

Visitors other than parents/legal guardians and caseworkers

Any contact (i.e., letter, telephone, on cottage, passes) between your child and other persons must be authorized by the parent/legal guardian or the caseworker. Once the authorization has been approved, the same practices and policies as explained in the previous section may apply. This, of course, will depend on the type of contact that is permitted by the guardian and other considerations.

Concerns and complaints

If during the course of your child's stay at Child Study & Treatment Center you should have concerns or complaints regarding any aspect of his/her care or treatment you may discuss these with the program director. Dr. Jeremy will address the concerns with you, direct them to the

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indicated staff member for resolution, and/or help you access the appropriate resources. If you and/or your child are dissatisfied with the resolution you may complete a grievance form that will be reviewed by an independent party. Children at CSTC have access to Grievance Forms at all times. The forms are located in the day hall and there is a locked box where the child may place his or her form. In addition, counseling staff may assist a child to submit a grievance.

Children at CSTC may also use a preprogrammed telephone in the day hall to leave a private voice message for Rick Mehlman, CEO. Children may also use this telephone to make a private phone call to either Disability Rights – Washington (DR-W) or Department of Assigned Counsel. DR-W is a private non-profit organization in Washington, federally mandated to support the rights of individuals with a developmental disability or mental illness. Department of Assigned Counsel is the organization that would provide a court appointed attorney in the event that the state was attempted to order a person to involuntary treatment. Children may use this preprogrammed telephone outside of school hours and when their behavior is safe.

Parents and guardians of children at CSTC may obtain a formal Grievance Form and a copy of the policy on Family Members/Guardians Complaint Process at the reception desk of CSTC. (in the future, we could add this is available on the website.)



Housekeeping Services

Housekeeping staff interacts with the children daily. They encourage and support cleanliness on the cottage. The custodian for Camano is Margie Matthews. While the primary counselor encourages the children to take out dirty laundry, pick up their

rooms, & brush their teeth, the custodian is responsible for the cleanliness of the cottage. If you have any questions about custodial services please contact Brenda Branch at 253-756-3959.

Important phone numbers

You may contact nursing or childcare staff at the main cottage number (253-756-2679). Other treatment team members may be contacted at the following phone numbers:

Jeremy P. Norris, Psy.D.

Program Director...O: (253)756-2752

C: (253)905-1126

Sharon Kelley, MSW

Psychiatric Social Worker (253)756-2398

Lee Carlisle, M.D

Attending Psychiatrist...O:(253)756-2688

Suzanne Barringer, PCCC3

Unit Supervisor(253)756-2389

Jon McClellan, M.D., Medical Director or

Rick Mehlman, PhD, CEO may be contacted by calling the main number for CSTC (253) 756-2504 or (800) 283-8639.

Training Program

All childcare and nursing staff undergo an extensive orientation process that includes information on child development, counseling techniques, childcare basics, and crisis response. The Training Coordinator oversees and conducts training for new staff as well as continuing education.

Business Office

The Business Office is responsible for patient trust accounts and healthcare billing. Upon your child's admission, you complete numerous forms, including a form to establish an account for your child and another form to determine Medicaid eligibility. The latter forms are submitted to the Department of Social and Health Services, Pierce North, Client Support Office. After considering many factors, among them insurance benefits, federal or state benefits, and income, the Medical Eligibility Department renders a decision which may require the parent or legal

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guardian to either submit a co-payment or have existing federal or state benefits reduced during your child's treatment stay. While CSTC does not make the eligibility decision, we are notified of such. Should you disagree with their decision, we can direct you to the appropriate agency to assist in a review of the decision. If you have any questions regarding your child's trust account or healthcare billing, you may contact Norma Rodriguez, FA5, at (253)756-2322.

Chaplaincy Program

The Chaplaincy Program is an optional multicultural, interfaith program designed to nurture the spiritual growth of children and adolescence. Its' purpose is to work in conjunction with the mission of Child Study and Treatment Center of being sensitive to the mental, emotional, physical, social and environmental needs of the children. All services are individually tailored to meet the particular developmental stages of the patients. The program objectives are to:

1. Assess the spiritual needs and concern of each child.
2. Provide individual pastoral care and counseling per the request of the child, staff, or family member.
3. Provide interfaith services to the patients as available.
4. Provide spiritual intervention as needed.
5. Provide consultation to parents, staff, and other faith communities.
6. Assist in connecting patients to a minister from their own faith community.
7. Be a spokesperson to the community regarding religious or spiritual activities at Child Study and Treatment Center.

The Chaplaincy Program may provide these services by using a variety of materials or resources. These may include the following:

- ❖ Stories and literature from different cultures and faiths
- ❖ Videos that teach values, virtues, and positive images
- ❖ Role play to experience various faith principles
- ❖ Positive spiritual music

- ❖ Volunteers from different faith communities

If you would like your child to participate in the Chaplaincy Program provide us with your written authorization for participation. If you would like a religious visitor of another faith to visit your child at Camano, please contact the Chaplain. If you have any other questions regarding the program please contact Chaplain Diana Owens at 253-761-3300.

Dietary Services

We have a full dietary staff. All cottages are equipped with full kitchens. A cook is assigned to each cottage. They prepare three full meals and a healthy snack according to a menu planned by the dietary service manager and a registered dietician.

Breakfast is usually served from 7:45-8:15 AM., lunch from 12-12:30 PM, dinner from 5-5:30 PM, and snack is served at 7:00 PM. Meal times may vary occasionally. When visiting on the cottage family and friends are welcome to join the children for meals. We request that you notify the kitchen in advance of your intention to share a meal with your child. We prefer a day's notice and no less than 2 hours notice. Please notify the kitchen staff by contacting the nurse's station at (253)756-2679.

Special diets may also be prepared according to physician orders. We also prepare and serve treats for special occasions, such as birthdays and holidays, and for different cottage activities, such as open house, camping, and summer carnival.

You may bring food items to share with your child, such as fast food or home baked cookies, but you may not share these items with the other patients. You may, however, bring purchased bakery goods, such as a birthday cake, to share with all the children. We realize that your child may have favorite foods that you will want to bring him/her. Due to lack of storage space and infection control issues we strongly discourage this practice. We request that you limit bringing food to special occasions and limit the quantity of food to what can be eaten during your visit. If you have any

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questions regarding dietary services you may contact our food manager, Hazel Wenger at 253-756-2976.

Visiting Expectations

Parent, Guardians, Caregivers and family members on the approved visitor list (created by the child's legal guardian) are welcome to come visit the cottage. We ask that you notify the kitchen in advance if you plan to stay for a meal (please limit your number of meals per week to 3 or less). You are welcome to visit in your child's room unless otherwise informed by the treatment team (the dining hall, TV rooms, and conference room are also available). Cigarettes may only be smoked in the designated Smoking Area near the Maintenance Building. Each cottage has a Parent / Guardian welcome board, please be sure to check it regularly for updates and announcements.

Conclusion

It is our goal to provide a safe, structured and therapeutic environment to help each child realize their potential. Please do not hesitate to contact us at any time if you have questions, concerns or ideas. Thank you.

-Camano Cottage Staff



Manual Revised 04/08

CSTC Mission Statement

Working with children, families and communities to promote effective treatment, healing and growth in a safe, nurturing environment.